Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
Practitioners associated with the Customer Number:			20322			
OR						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
	Name	Registration Number	N	lame	Registration Number	
		NG/NDC.				
 						
 						
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with						
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
riease Cilai	ige the correspondence address for the applical	Total de la companya	inderiod statement di	7		
✓	The address accepted with Customer Number: 20322					
OR	I he address associated with Customer Number:					
Firm or						
Address Address						
City		Ctata	State		Zip	
City		State		- Lip		
Country						
Telephone			Email			
Assignee Name and Address:						
Anopolus Foundation Limited Liability Company 1209 Orange Street						
Wilmington, DE 19801						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,						
and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Sklarkusmi			Date 3/bec	2010	
Name	Sheryl Parkinson			Telephone		
Title	Authorized Person for Anopolus Foundation Limited Liability Company					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I, Sheryl Parkinson (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Anopolus Foundation Limited Liability Company.

War Kuon
Sheryl Parkinson
Authorized Person for Anopolus Foundation Limited Liability Company

31 Dec 2010

Date